

CONSENT FOR RELEASE OF INFORMATION

TO: Department of Health, Tax Refund for Elderly & Disabled Program

FROM:

Applicant Name:	Spouse's Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
*Claim Number, Entitlement Number, VA File Number:	*Claim Number, Entitlement Number, VA File Number:

NOTE: IF YOU ARE/OR COULD BE RECEIVING BENEFITS UNDER ANOTHER SOCIAL SECURITY NUMBER THAN YOURS, PLEASE LIST ABOVE IN CLAIM NUMBER, ENTITLEMENT NUMBER OR VA FILE NUMBER SECTION. *

I authorize the Tax Refund for Elderly & Disabled, its employees, agents, and contractors to obtain information concerning my income for **2014** and assets, without liability.

Pursuant to W.S. 39-11-109, (c) (i) which reads:

(C) “Income includes but is not limited to, wages, receipts from earnings including earnings from self-employment, rents, interest, dividends, annuities, trusts, pensions, alimony, support payments, public assistance payments, unemployment compensation, federal social security payments, veteran’s benefits and disability payments, Native American Per Capita payments, or net income from any other qualified income as determined by the Department:

Applicant
Signature: _____
(If signed by legal guardian please complete below.)

Spouse’s
Signature: _____

Legal Guardian: _____
(Please Print) Name Address Phone Number

Date: _____